



## HARRIS COUNTY DOMESTIC RELATIONS OFFICE

### Administration

1310 Prairie Street, Suite 700, Houston, Texas 77002

Phone: 713-274-7306, Fax: 713-437-4744

#### Family Court Services Division, Suite 620

Phone: (713) 274-7305 Fax: (713) 437-4729

#### Legal Division, Suite 700

Phone: (713) 274-7300 Fax: (713) 437-5800

#### Community Supervision Unit, Suite 600

Phone: (713) 274-7302 Fax: (713) 437-4732

#### DAVID W. SIMPSON, J.D.

##### Executive Director

Board Certified - Family Law

Texas Board of Legal Specialization

[www.dro.hctx.net](http://www.dro.hctx.net)

### CREDIT CARD AUTHORIZATION

TO BE COMPLETED BY THE PAYEE (PLEASE PRINT):

CAUSE NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_

I HEREBY AUTHORIZE THE DOMESTIC RELATIONS OFFICE TO CHARGE MY CREDIT/DEBIT CARD FOR PAYMENT OF THE BELOW FEE(S) IN THE AMOUNT OF: \$\_\_\_\_\_.

<input type="checkbox"/> ACCOUNTING/TERMINATE GARNISHMENT	<input type="checkbox"/> APPLICATION FEE
<input type="checkbox"/> ADOPTION EVALUATION	<input type="checkbox"/> CHILD CUSTODY EVALUATION
<input type="checkbox"/> COMMUNITY SUPERVISION FEE	<input type="checkbox"/> ISSUE BASED INVESTIGATION
<input type="checkbox"/> LEGAL & CONSULTATION FEES	<input type="checkbox"/> MEDIATION RESET FEE
<input type="checkbox"/> PARENT CONFERENCE	<input type="checkbox"/> PARENTING COORDINATION

CREDIT CARD: ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTER CARD ☐ VISA

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD CODE (NUMBER ON BACK OF CARD): \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARDHOLDER ADDRESS: \_\_\_\_\_

(STREET, CITY, STATE & ZIP CODE)

CREDIT CARDHOLDER CONTACT NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***SUBMIT THIS AUTHORIZATION TO THE FEE OFFICE EITHER:***

***(1) BY MAIL TO THE ADDRESS ABOVE, OR***

***(2) BY FAX TO (713) 437-4744.***